

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 21 PM 3:01

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000020274

1. Corporation Name

ANGEE AND ASSOCIATES, INC.

2. Principal Office Address

10250 SW 56 St D201

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33165

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

98-00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0736485

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JIMMY ANGEE

Street Address (P.O. Box Number is Not Acceptable)

10250 SW 56 St D201

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date 7-20-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|-----------------------------------|--|--------------------|
| P/D   | JIMMY ANGEE                       | 10250 SW 56 St D201                            | Miami Fl, 33165.   |
| D     | ESTRELLA ZAYAS BAZAN              | 10250 SW 56 St D201                            | Miami Fl, 33165.   |
|       |                                   |  |                    |
|       |                                   |  |                    |
|       |                                   |  |                    |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JIMMY ANGEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD